

**Summary of Grants for Consultation**  
**Joint Governmental Operations Subcommittee on Health and Human Services**  
**October 19, 2010**

| Grant Title   | Summary of Award   | Original Request |            | Actual Award |            | Match     | Funding Status                   | FTEs |
|---|--|------------------|------------|--------------|------------|-----------|----------------------------------|------|
|   |  | SFY 10-11        | SFY 11-12  | SFY 10-11    | SFY 11-12  |           |                                  |      |
| <b>Division of Aging and Adult Services</b>   |  |                  |            |              |            |           |                                  |      |
| 1 Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance<br><b>Patient Protection and Affordable Care Act (ACA)</b> | This program is a collaborative effort of the Division of Aging and the NC Department of Insurance, Seniors Health Insurance Information Program (SHIP) to demonstrate coordinated and targeted efforts to reach primarily rural Medicare beneficiaries with limited incomes and to assist them with applying for Medicare Savings Programs (MIS), Medicare Part D, and Low-Income Subsidy (LIS) assistance. DAAS will provide sub-recipient funding statewide to all 17 Area Agencies Aging to recruit and train seniors to make presentations about (LIS), (MSP), and Part D cost-saving opportunities to faith based organizations, civic groups, senior centers, and county DSS offices to educate and inform older citizens about options available to them to reduce their Medicare expenditures.  | \$ 397,184       | \$ 132,394 | \$ 404,850   | \$ 134,930 | none      | funded                           | 0    |
| 2 Evidence-Based Disease Prevention (EBDP)  | The program will expand and enhance the existing statewide EBDP initiatives which includes the successful Chronic Disease Self Management Program (CDSM) that emphasizes physical activity for seniors to reduce chronic pain from arthritis and self-management and monitoring for diabetes. In 2007, DAAS received AoA funding to implement the CDSMP in 7 of 17 Area Agencies on Aging across the state. This additional funding will support a pilot EBDP in the Central Agency on Aging (Region F-southern central NC) that will be duplicated and expanded into all 17 Area Agencies on Aging in NC.   | \$ 74,690        |            | \$ 74,690    |            | \$ 18,672 | funded                           | 0    |
| 3 Alzheimer's Disease Supportive Services Program   | The program will expand respite care services to caregivers providing personal care services to persons suffering from Alzheimer's disease and dementia, specifically to low-income rural and minority families caring for persons with dementia at home. In 2008, DAAS received funds to implement the National Institute on Aging-approved <i>Resources for Enhancing Alzheimer's Caregiver Health</i> (REACH II) which is now available to caregivers in 14 eastern, western and piedmont counties. This new funding will enable the REACH program to expand into 11 new eastern counties in Year 1, 10 additional counties in Year 2, and with a goal of eventual statewide implementation. The first year of the Alzheimer's grant for the period October 1, 2010 through September 30, 2013 has a 25% matching requirement. This comprised of \$14,266 in state AAA support funds from Region N, \$14,526 in state AAA support funds from Region Q, and \$137,875 in state Project CARE direct respite services funds, for a total of \$166,667. | \$ 375,000       | \$ 125,000 |              |            | \$166,667 | awaiting notification of funding | 0    |

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| <b>Division of Central Management and Support</b>   |  |                  |            |              |            |       |                          |      |
| 4 Aging and Disability Resource Centers (ARDC) Options Counseling and Assistance Program <b>(ACA)</b> | The Office of Long Term Support Services will use this funding to build upon existing initiatives (Money Follows the Person) to use ADRCs (called Community Resource Connections in NC) to create a statewide, integrated, person and family-centered support system for persons who need long term care services (LTSS) so they may continue to live independently in the community of their choice. The CRCs are comprised of local aging agencies, senior centers, local DSS offices, mental health agencies, public health providers, and others agencies that provide information and guidance to persons requiring LTSS. The program will establish a standardized definition of options and counseling services provided by CRCs and will develop a web-based curriculum and certification process for CRC partners to assure that LTSS information is provided by person who are knowledgeable, public/mental health services literate, and culturally competent counselors. The program will pilot test the options counseling training, standards, curriculum, and certification process in the Wake Co. and the Piedmont. | \$ 224,907       | \$ 299,876 | \$ 196,321   | \$ 261,761 | none  | funded                   | 2    |
| 5 ADRC Evidence-Based Care Transition Programs <b>(ACA)</b>   | The program will implement a person-centered hospital discharge process that will use ADRC (known in NC as Community Resource Centers) as the focal point to transition long term care and support services to Medicaid and dually eligible persons to expand the use of evidence-based disease self-management at the community level. The initiative will partner with the Mecklenburg CRC and Community Care Partners of Greater Mecklenburg, a CCNC member to expand LTSS. The program will improve access to LTSS, decrease hospital readmissions, Medicaid cost-avoidance associated with hospital emergency department care, and increase in persons with LTSS needs receiving services in-home.  | \$ 187,500       | \$ 250,000 |              |            |       | not approved for funding |      |

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| 6 Personal and Home Care Aide State Training (ACA)   | Office of Long Term Services and Supports will develop and implement a core training & certification program for personal/home care aides to assure that consumers of home aide care services receive care from a well-trained workforce. The program will implement a 4-Phase training model that will provide; 1) essential job readiness and introduction to the field of direct care; 2) prepare workers for non-nurse aide level care; 3) expand Nurse Aide training/competency; 4) advanced concepts and skills for Nurse I competencies. Community Colleges and high schools will identify students for Phases I & II. Phases III & IV will focus on already-employed direct care workers to improve their job skills and opportunities for career advancement. NC struggles with direct care worker turnover, and this program will better prepare direct care workers for the demanding skills required for in-home care, will increase the competencies of current home care workers, and will expand the home care workforce for anticipated growing demands for home care services for the state's increasing senior population. | \$ 434,059       | \$ 672,059 | \$ 434,058   | \$ 144,686 | none  | funded         | 1    |
| Division of Medical Assistance   |  |                  |            |              |            |       |                |      |
| 7 Aging and Disability Resource Centers (ARDC) Nursing Home Transition and Diversion Program | The primary purpose of the program is to facilitate and strengthen ADRCs [in NC know as Community Resource Centers] in coordinating transitions from nursing homes to community based settings for people with disabilities and older adults. The program will build upon the existing DMA-operated <i>Money Follows the Person</i> program that allows a person who requires personal care services to move out of institutional care and still continue to receive Medicare-reimbursed services in their home. The program will partner with state and local aging agencies to host regional "road shows" to increase interest and applications for services provided to persons in institutional care that are may be available to them through the <i>Money Follows the Person</i> program.  | \$ 182,326       | \$ 173,500 | \$ 182,326   | \$ 173,500 | none  | funded         | 0    |
| Division of Public Health  |  |                  |            |              |            |       |                |      |

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| 8 Addressing Syndemics Through Program Collaboration and Services Integration   | The program will improve collaboration and integration of services provided for populations that are at-risk, or have, HIV, STDs, hepatitis, and tuberculosis. The program will expand the NC Electronic Disease Surveillance System reporting to include local health departments in Wake, Robeson, Pitt, Guilford, Mecklenburg counties to offer testing in non-traditional testing sites to expand the reach of screening outside the local health department. Currently, syphilis, HIV, and some STDs are maintained as stand-alone systems and are not a part of the EDSS. Grant funds will be provided to LHDs to upgrade electronic reporting to be included in EDSS data reports. | \$ 300,000       | \$ 100,000   | \$ 264,000   | \$ 88,000   | none  | funded         | 2    |
| 9 Building and Strengthening Laboratory Capacity and Health Information Systems in State and Local Health Departments (ACA) | This additional funding for the ELC program will allow the Division to address existing gaps in electronic laboratory reporting (ELR) from hospitals. Currently none of the 115 hospital labs in NC are using ELR. Hospitals will receive sub-recipient grant funding to assist hospital labs with programming work needed for data transmission and training and technical assistance for hospital staff. By building new health information infrastructure, the Division will increase it's ability to detect, investigate, and control communicable disease outbreaks, thereby better protecting NC citizens from communicable diseases and potential pandemic events.                 | \$ 285,380       | \$ 285,379   | \$ 334,705   | \$ 37,189   | none  | funded         | 3    |
| 10 Communities Putting Prevention to Work-Obesity (ACA)   | The grant will implement evidence-based clinical and community-based prevention and wellness strategies that support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve the following prevention outcomes: increased levels of physical activity; improved nutrition; decreased overweight/obesity prevalence. The program will partner with the Pitt Co. Health Department and the Appalachian District Health Department to implement CDC-approved strategies to reduce chronic diseases associated with obesity.   | \$5,767,125      | \$ 3,863,973 | \$ 1,425,184 | \$1,900,246 | none  | funded         | 0    |
| 11 Communities Putting Prevention to Work-Tobacco (ACA)   | The program will implement recommendations by the NC Institute of Medicine to motivate tobacco users to quit smoking, to implement strategies to discourage youth from using tobacco, and to prevent exposure to secondhand smoke. IOM recommendations included implementation of CDC Best Practices, increase tobacco tax, expand smoke-free policies in workplaces, and expand access to evidence-based cessation strategies such as the tobacco <i>Quitline</i> telephone service. The program will educate businesses about new legislation for smoke-free restaurants and workplaces.  | \$ 36,850        | \$ 49,133    | \$ 36,858    | \$ 49,133   | none  | funded         | 0    |

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| 12 Maternal, Infant, and Early Childhood Home Visiting Program (ACA) | Funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. The program will provide approximately 1.6M in sub-recipient funding (through RFP announcements) to community-based agencies providing maternal and early childhood support services.  |                  | \$ 2,134,807 |              | \$2,134,807 | none  | funded         | 3    |
| 13 Support for Pregnant and Parenting Teens                          | This grant is designed to provide support for pregnant teens and women. A comprehensive needs assessment will be completed to determine which counties have the highest rates of infant mortality, unintended pregnancy, school dropout, child abuse and neglect, along with wait time for childcare assistance. A request for applications process will be utilized to select four of these communities/counties in enhancing existing systems of care and services while also implementing new evidenced-based/informed interventions.  | \$1,473,333      | \$ 294,667   | \$ 1,473,333 | \$ 294,667  | none  | funded         | 1    |
| 14 AIDS Drug Assistance Program (ADAP) Administrative Supplement     | In January 2010, the NC ADAP was forced to restrict new enrollees due to availability of state funding. This supplemental funding will be used to enroll clients who have been put on a waiting list for ADAP services and will be used expand access to life-saving medications for person with HIV/AIDS. In September 2010, this supplemental funding was used (on a one-time only basis with approval from HRSA) to remove 176 persons with federal poverty levels above 125% from the waiting list. Currently, only new clients <125% of FPL are being enrolled in the ADAP program. To qualify for supplemental funding, NC had to have a waiting list for ADAP services and document that changes in operational capacity (unemployment, budget cuts) have affected the ADAP's ability to meet current needs. | \$ 500,000       | \$ 500,000   | \$ 2,055,553 | \$ 186,868  | none  | funded         | 0    |

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| <b>15</b> Developing Public Health Capacity to Reduce Human Health Effects of Climate Change                   | This funding opportunity will build the state's capacity to address the public health consequences of climate change and its implications on human health. The program will adopt a comprehensive strategic plan to analyze infrastructure capacity and will adopt policies to adapt to public health threats resulting from climate change.  | \$ 90,000        | \$ 30,000  | \$ 90,000    | \$ 30,000 | none  | funded  | 1    |
| <b>16</b> Supplemental Funding for Behavioral Risk Factor Surveillance System (BFRSS) Component 1 <b>(ACA)</b> | This grant will provide funds to continue the operations of the North Carolina BRFSS program, instituted in 1984. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability. Findings from analyses of NC BRFSS data are disseminated primarily to public health professionals in the state, who use the data to develop and monitor programs that attempt to reduce risks and increase effective use of preventive health practices.   | \$ 349,990       |            | \$ 349,990   |           | none  | funded  | 0    |
| <b>17</b> Supplemental Funding for Behavioral Risk Factor Surveillance System (BFRSS) Component 2 <b>(ACA)</b> | Grant funds will support administration of baseline and post intervention surveys of Communities Putting Prevention to Work (CPPW) obesity reduction projects in the Appalachian Health District and Pitt County Health District in North Carolina. Funds will cover costs associated with develop and testing of questionnaire (including state-added questions), data collection and cleaning, and provision of technical assistance and consultation to state and local staff.   | \$ 136,061       |            | \$ 136,061   |           | none  | funded  | 0    |
| <b>18</b> Pesticide Incidence Surveillance Program   | Program conduct acute pesticide illness and injury surveillance and link findings with outreach to decrease exposure risk to hazardous chemicals contained in pesticides. Program will respond to reported incidents of public health threats associated with exposure to harmful pesticides.   | \$ 37,500        | \$ 37,500  |              |           | none  | Grant application has not been submitted for funding. | 1    |
| <b>19</b> Prepare for Success-Investing in Youth Today for Future Outcomes <b>(ACA)</b>                        | With the 2009 enactment of the North Carolina Healthy Youth Act (HYA) in our public schools, NC is primed to implement additional teen pregnancy prevention programs recommended by the NC Institute of Medicine. The HYA requires that all 7th-9th grade students in public schools receive age-appropriate curriculum teaching both abstinence and comprehensive sexuality education unless their parents remove them from one or both parts of the curriculum. The Personal Responsibility Education Program (PREPare) will partner with local school systems that have high rates of teen pregnancies to strengthen the HYA by offering an evidence-based curriculum to address | \$1,158,234      | \$ 386,078 |              |           | none  | awaiting notification of funding                      | 1    |

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| 20 Enhancing Cancer registry Data for Comparative Effectiveness Research (CER) -Special Project Reporting from Medical Offices (ARRA subcontract) | The Central Cancer Registry is receiving ARRA sub-recipient funding from ICF Macro to support innovative data collection and training of State Center of Health Statistics staff to enhance cancer registry data. The Special project focuses on electronic reporting for physician offices.  | \$ 160,792       | \$ 273,644 |              |            | none  | awaiting notification of funding             | 0    |
| 21 Enhancing Cancer registry Data for Comparative Effectiveness Research (CER) -Core Project (ARRA subcontract)                                   | State Center for Health Statistics will receive sub-recipient ARRA funding from ICF Macro to enhance data collection, training, methodology, expansion of electronic reporting, and pilot testing of public health applications for the Central Cancer Registry to enhance cancer data to be used in comparative effectiveness and other research.  | \$ 210,440       | \$ 360,755 |              |            | none  | awaiting notification of funding             | 0    |
| 22 Racial and Ethnic Approaches to Community Health for Communities Organized to Respond and Evaluate (REACH-CORE)                                | The REACH program will implement and evaluate policy and system change strategies to eliminate racial and ethnic health disparities in northeastern North Carolina through evidence-based programs to reduce the disproportionate burdens of asthma, diabetes, heart disease, adult immunizations, and infant mortality that results in a high incidence of chronic diseases in that region of the state. The program will collaborate with local health systems that are members of the <i>Healthy Carolinians Partnership</i> located in target 23 northeastern counties to implement community-based initiatives to eliminate racial/ethnic health disparities and increase access to health care for low-income minority populations.                                       | \$ 150,000       | \$ 200,000 | \$ 75,000    | \$ 100,000 | none  | funded                                       | 2    |
| 23 Child and Adult Care Food Program-Child Wellness   | The funds will be used to develop and implement programs promoting the health and nutrition improvement of children in child care settings, including increasing healthier food choices and opportunities for physical activity through Kids Eat Smart Move More (Kids ESMM). Kids ESMM will consist of a multi-level nutrition and physical activity intervention implemented in child care facilities participating in the Child and Adult Care Food Program (CACFP). The goals of the program are to develop policy, environmental changes strategies and conduct training on resources to promote healthy eating and increased physical activity, fund 19 Kids ESMM grants, and develop an outreach campaign design to increase access to the program in underserved areas. | \$ 195,195       | \$ 673,967 |              |            | none  | awaiting notification of funding in November | 0    |

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| <b>24</b> Strengthening Public Health Infrastructure for Improved Health Outcomes-Component 1 <b>(ACA)</b> | Component I is designed to support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs. The Division has collaborated with the NC Center for Public Health Quality to integrate Continuous Quality Improvement (CQI) principles within the Division and with local health departments and community-based agencies to establish measurable standards for delivery of public health services. The program will contract with NC State University to provide staff training to DPH staff and local public health agencies.  | \$ 300,000       | \$ 100,000 | \$ 300,000   | \$ 100,000 | none  | funded         | 3    |
| <b>25</b> Strengthening Public Health Infrastructure for Improved Health Outcomes-Component 2 <b>(ACA)</b> | Component 2 will expand information technology capacity at the State Center for Health Statistics to make health data and best practices implementation strategies available to state, local public health departments for use in planning and evaluating programs that impact infant mortality, preventable chronic diseases, leading causes of death, and effective interventions for communicable diseases. The primary goal of Component II is streamline data dissemination efforts through enhancement of the NC Comprehensive Assessment for Tracking Community Health (CATCH), a web-based query system that gives LHDs and providers access to community-based public health data and trends. FTEs include: Social/Clinical Research Specialist (5 positions); Business Application Specialist (4); Business Applications Analyst (1); Operations System Specialist (1); Nurse Consultant (2), Program Consultant (1); Social/Clinical Research Assistant (1); Admin Asst (2); Program Administrator (1). | \$2,025,000      | \$ 675,000 | \$ 1,427,893 | \$ 475,965 | none  | funded         | 18   |